

SUE SLIP STAPLE AREA (for additional cross references)

| PORTION                   | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 43     | 6/1/01  |
| FORMALITY REVIEW          | R        | 1019   | 6/18/01 |
| RESPONSE FORMALITY REVIEW |          |        |         |

09/910,950

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     |       | 412      | 7/8/01   |
| 2     |       | 27       | 2/2/01   |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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